

#18C
dld
1/31/03MINTZ LEVIN
COHN FERRIS
GLOVSKY AND
POPEO PCBoston
New York
Reston
Washington
New HavenOne Financial Center
Boston, Massachusetts 02111
617 542 6000
617 542 2241 fax
www.mintz.com

URGENT Fax Cover Sheet

DATE: January 30, 2003

FROM: Ingrid A. Beattie

CLIENT: Rhode Island Hospital

Direct Dial 617 542 6000
iabeattie@mintz.com

Attorney No.

2217

Client No.

21486

Matter No.

028

To:

NAME	COMPANY	BUSINESS #	FAX #
Examiner Wehbe	USPTO		703-746-7024

MESSAGE:

Serial Number: 09/507,239

Filing Date: February 18, 2000

Dear Examiner Wehbe

Enclosed please find a copy of the response and the associated papers, which were filed on November 25, 2002. Also enclosed is the stamped returned postcard and stamped returned express mail receipt. Please acknowledge safe receipt by facsimile of this fax. Thank you for your attention to this matter.

FOR OFFICIAL ENTRY

TRA 1758919v1

We are sending a total of 11 pages, including this cover sheet.

Please call us at 617.348.4966, if you experience any problems.

STATEMENT OF CONFIDENTIALITY

THE INFORMATION CONTAINED IN THIS FAX IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE AND MAY CONTAIN CONFIDENTIAL OR PRIVILEGED INFORMATION. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY FORM OR DISSEMINATION OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF THIS FAX WAS SENT IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY PHONE.

Express Mail Label No.: EV139504262US
Date of Deposit: November 25, 2002

Attorney Docket No. 21486-028

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Hugh S. Keeping
SERIAL NO.: 09/507,239 Examiner: J. Kerr
FILING DATE: February 18, 2000 Art Unit: 1633
FOR: TREATMENT FOR BONE DISORDERS

November 25, 2002
Boston, Massachusetts

Assistant Commissioner for Patents
Washington, D.C. 20231


TRANSMITTAL LETTER

Transmitted herewith for filing in the present application are the following documents:

- ☒ Amendment and Response (4 pgs.);
☒ Petition for Three-Month Extension of Time (1 pg., in duplicate);
☒ Check #14743 for \$460.00; and
☒ Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts. The Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 21486-028. A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,


Ingrid A. Beattie, Ph.D., J.D.
Registration No. 42,306
Attorney for Applicants
c/o MINTZ, LEVIN
One Financial Center
Boston, Massachusetts 02111
Tel: (617) 542-6000



30623

PATENT TRADEMARK OFFICE

TRA 1737387v1

Serial No. 09/507,239 File No. 21486-028 By: IABTitle: TREATMENT FOR BONE DISORDERSApplication of Keeping Date: 02/18/00

The U.S. PTO Mail Room acknowledges receipt of the following on the date stamped hereon:

- | | |
|---|---|
| <input type="checkbox"/> Req. for CPA under 37 CFR 1.53(d) | <input type="checkbox"/> Provisional Application Cover Sheet |
| <input type="checkbox"/> Change of Attorney's Address | <input type="checkbox"/> Inf. Discl. Statement, PTO Form 1449 |
| <input type="checkbox"/> New Power of Attorney | <input type="checkbox"/> References Cited |
| <input type="checkbox"/> Patent Application | <input type="checkbox"/> Copy of Notice to File Missing Parts |
| <input type="checkbox"/> Non-provisional <input type="checkbox"/> Provisional | <input checked="" type="checkbox"/> Amendment/Response (4 pgs.) |
| Incl. _____ pages, (_____ pgs) Specification, | <input checked="" type="checkbox"/> Petition for Ext. of Time (x2) (3 mos./1 pg.) |
| (_____ pgs) Abstract, (_____ pgs) Claims (_____ # claims) | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Design Patent Application | <input type="checkbox"/> Letter to Official Draftsperson |
| <input type="checkbox"/> Declaration(s) | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Drawings _____ sheet(s) (FIGS. _____) | <input type="checkbox"/> Brief (x3) |
| <input type="checkbox"/> Formal <input type="checkbox"/> Informal | <input checked="" type="checkbox"/> Check for \$ <u>460.</u> Check # <u>14743</u> |
| <input type="checkbox"/> Verified Statement claiming small entity status | <input checked="" type="checkbox"/> Transmittal Letter (x2) (1 pg.) |
| <input type="checkbox"/> Assignment and Cover Sheet | <input type="checkbox"/> Cert. of Mailing under 37 CFR 1.8(e) |
| | <input checked="" type="checkbox"/> Express Mail Label No. <u>EV139504262US</u> |

☐ Other _____

DATE MAILED November 25, 2002

EV 139504262 US

Mailing Label
Label 11-F October 2001

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code		Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second		Fast Rate Envelope <input type="checkbox"/>		Delivery Attempt Time Employee Signature	
Date In Mo. Day Year		<input type="checkbox"/> 11 Noon <input type="checkbox"/> 3 PM		Postage \$		Mo. Day Time Employee Signature	
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM		Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		Return Receipt Fee		Mo. Day Time Employee Signature	
Weight Lbs. Ozs.		Int'l Alpha Country Code		COD Fee Insurance Fee		Mo. Day Time Employee Signature	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		Acceptance Clerk Initials		Total Postage & Fees \$		Mo. Day Time Employee Signature	
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No.				Federal Agency Acct. No. or Postal Service Acct. No.			
FROM: (PLEASE PRINT) Ingrid A. Beattie, Esq. MINTZ LEVIN 1 FINANCIAL CTR BOSTON MA 02111-2621 Atty Docket No. 21486-028 (IAB)				TO: (PLEASE PRINT) ASSISTANT COMMISSIONER FOR PATENTS WASHINGTON, DC 20231			

PRESS HARD.
You are making 3 copies.


FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com



01/30/2003 14:03 FAX 617 542 2241

MINTZ LEVIN

009

Express Mail Label N.: EV139504262US; Date of Deposit: November 25, 2002		14743
MINTZ LEVIN COHN FERRIS GLOVSKY & POPEO PC ONE FINANCIAL CTRL. BOSTON, MA 02111		
DATE <u>11/25/02</u> 5-13/110		
PAY TO THE ORDER OF	COMMISSIONER OF PATENTS AND TRADEMARKS	\$ <u>460.00</u>
<u>four Hundred Sixty Dollars</u>		DOLLARS
 Fleet		
Small Business Services 81352		DO NOT EXCEED OVER \$10,000.00
FOR	<u>21486-008 5 mos. Ext of TM</u>	<u>N. Benthia</u>
⑈014743⑈ ⑆014000138⑆ 00545 85025⑈		

Serial No. 09/507,239 File No. 21486-028 By: IAB



Title: TREATMENT FOR BONE DISORDERS Date: 02/18/00

Application of Keeping

The U.S. PTO Mail Room acknowledges receipt of the following on this date stamped hereon:

<input type="checkbox"/> Req. for CPA under 37 CFR 1.53(d)	<input type="checkbox"/> Provisional Application Cover Sheet
<input type="checkbox"/> Change of Attorney's Address	<input type="checkbox"/> Initial Disclosure Statement, PTO Form 1449
<input type="checkbox"/> New Power of Attorney	<input type="checkbox"/> References Cited
<input type="checkbox"/> Patent Application	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Non-provisional <input type="checkbox"/> Provisional	<input type="checkbox"/> Petition for Extension of Time (x2) (3 mos./1 pg.)
Incl. _____ pages, (_____ pgs) Specification,	<input type="checkbox"/> Issue Fee Transmittal
(_____ pgs) Abstract, (_____ pgs) Claims (_____ # claims)	<input type="checkbox"/> Letter to Official Draftsperson
<input type="checkbox"/> Design Patent Application	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Declaration(s)	<input type="checkbox"/> Brief (x2)
<input type="checkbox"/> Drawings _____ sheet(s) (FIGS. _____)	<input checked="" type="checkbox"/> Check for \$ <u>460.</u> Check # <u>14743</u>
<input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Transmittal Letter (x2) (1 pg.)
<input type="checkbox"/> Verified Statement claiming small entity status	<input type="checkbox"/> Cert. of Mailing under 37 CFR 1.8(a)
<input type="checkbox"/> Assignment and Cover Sheet	<input checked="" type="checkbox"/> Express Mail Label No. <u>EVL39504262US</u>
<input type="checkbox"/> Other _____	

DATE MAILED November 25, 2002

 EV 139504262 US		 UNITED STATES POSTAL SERVICE®		Customer Copy Label 11-F October 2001	
ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
Post Office To Addressee		Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>		Delivery Attempt Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature	
Date In Mo. 11 Day 25 Year 2002		Postage \$ 13.65		Delivery Attempt Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature	
Time In <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		Return Receipt Fee		Delivery Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature	
Weight lbs. 1		Int'l Alpha Country Code		Employee Signature	
No. Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		COD Fee Insured Fee		Employee Signature	
Acceptance Clerk Initials AC		Total Postage & Fees \$ 13.65			
CUSTOMER USE ONLY					
FROM: (PLEASE PRINT) Ingrid A. Beattie, Esq. MINTZ LEVIN 1 FINANCIAL CTR BOSTON MA 02111-2621 Att: Pocket No. 21486-028 (IAB)			TO: (PLEASE PRINT) ASSISTANT COMMISSIONER FOR PATENTS WASHINGTON, DC 20231		
Business Mail Corporate Account No.			Federal Agency Acct. No. or Postal Service Acct. No.		
<p>FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com</p>					